

Application or Docket Number

101623695

**OTHER THAN
SMALL ENTITY**

(Column 2)

* If the difference in column 1 is less than zero, enter "0" in column 2.

**OTHER THAN
SMALL ENTITY**

(Column 2)

(Column 8)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

(Column 1)

(Column 2)

(Column 3)

Application Size Fee (37 CFR 1.15(s))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.